

REC'D DEC 11 1940
Registration District No. 275-

Primary Registration District No. 5170 B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sunderland
(b) City or town Rural Richland Anglogay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Ranch
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sunderland
(c) City or town Rural Richland Anglogay
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Ranch
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME SAYGH MANUEL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 12 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Comden Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 0

12. Name Miss Burgess 9

13. Birthplace Shoulard Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Antenn

15. Birthplace Antenn
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Arnold

(b) Address Richland Mo.

17. (a) Rural (b) Date thereof 11-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland

18. (a) Signature of funeral director W. J. Super
(b) Address Richland Mo.

19. (a) Nov 9 1940 (b) Mrs. Mae Holmway
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Oct 31 1940 to Oct 31 1940; that I last saw her alive on Oct 31 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 10 years

Due to unknown

Due to _____

Other conditions ASV
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature W. J. Super (M. D. or other) _____
Address Richland Mo. Date signed 11/8/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1709

Date Filed 12-5-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed, by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3198

P. O. Address Richland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.